

REC 7/25/05

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875					Application or Docket Number 09/702,316						
CLAIMS AS FILED - PART I											
(Column 1)		(Column 2)		SMALL ENTITY		OR					
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE						
BASIC FEE (37 CFR 1.16(a))					\$ _____						
TOTAL CLAIMS (37 CFR 1.16(c))		20	minus 20 =	X \$ _____ =							
INDEPENDENT CLAIMS (37 CFR 1.16(b))		3	minus 3 =	X \$ _____ =							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$ _____ =							
				TOTAL							
* If the difference in column 1 is less than zero, enter "0" in column 2.											
CLAIMS AS AMENDED - PART II											
AMENDMENT A	(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
							RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA						
	Total (37 CFR 1.16(c))		Minus		20		X \$ _____ =		OR	X \$ _____ =	
	Independent (37 CFR 1.16(b))		Minus		3		X \$ _____ =		OR	X \$ _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$ _____ =		OR	+ \$ _____ =		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
AMENDMENT B	(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
							RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA						
	Total (37 CFR 1.16(c))		Minus		20		X \$ _____ =		OR	X \$ _____ =	
	Independent (37 CFR 1.16(b))		Minus		3		X \$ _____ =		OR	X \$ _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$ _____ =		OR	+ \$ _____ =		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
AMENDMENT C	(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
							RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA						
	Total (37 CFR 1.16(c))		Minus				X \$ _____ =		OR	X \$ _____ =	
	Independent (37 CFR 1.16(b))		Minus				X \$ _____ =		OR	X \$ _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$ _____ =		OR	+ \$ _____ =		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		

* If the entry in column 1 is less than zero, enter "0" in column 2.
* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
* If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. This collection is estimated to take 12 minutes to complete. The completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you need to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you

For assistance in completing the form, call 1-800-PTO-5199 and select option 2.